



California State Board of Pharmacy

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www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

ARNOLD SCHWARZENEGGER, GOVERNOR

**INSTRUCTIONS:
APPLICATION FOR PHARMACIST LICENSURE
AND EXAMINATION IN CALIFORNIA**

To be licensed as a pharmacist in California, you must:

- Be at least 18 years of age.
- Have obtained a B.S. in Pharmacy or a Pharm.D. degree from an ACPE accredited college of pharmacy program. Graduates from a college of pharmacy program outside the U.S. must obtain certification from the Foreign Pharmacy Graduate Equivalency Committee (FPGEC).
- Have completed 1,500 intern experience hours or verified licensure as a pharmacist in another state for at least one year.
- Have taken and passed after December 31, 2003, the North American Pharmacist Licensure Examination (NAPLEX) and the California Pharmacist Jurisprudence Examination (CPJE), or have passed a written and practical examination given by the board before January 1, 2004.

Requirements for pharmacist licensure in California are listed in California Business and Professions Code section 4200(a)(1-6).

Before the California State Board of Pharmacy can classify you as eligible to take the NAPLEX and the CPJE, you must submit a fully completed “Application for Pharmacist Licensure and Examination (form 17A-1)” along with all other required documents and fees; specifically:

1. **Fees** - A check or money order for \$155, made payable to the Board of Pharmacy. This is a non-refundable fee. If you reside outside California, there are additional fees you must include for fingerprint analysis – see “Fingerprint Submission” below for the specific information. If you reside in California, you will pay your fingerprint fees directly to the Department of Justice if you use the Live Scan service (described below).
2. **The Application for Pharmacist Licensure and Examination** (form 17A-1), completed in its entirety and with a photo attached. Photos taken by personal Polaroid cameras, digital or scanned photos are not acceptable. Passport photographs are acceptable.
3. **A Rules of Professional Conduct Affidavit** (form 17A-22), signed and dated.
4. **A Examination Security Agreement** (form 17A-76), signed and dated.
5. **An official transcript**, showing the date of graduation and pharmacy degree earned, sent directly to the board from your school or college of graduation. Foreign graduates must submit proof of their FPGEC certification **INSTEAD** of providing a transcript.

6. **Experience** - Documentation of at least 1500 hours of intern experience **OR** verification that you have been licensed as a pharmacist for at least one year in another state. Specifically, you must comply with either A or B:

- A. 1. Intern Hours – Documentation of a minimum of 1500 intern hours must be submitted on the *Pharmacy Intern Hours Affidavit* (form 17A-29). The affidavit must have an original signature and be submitted with your application. A separate form is needed for each site where you have earned intern experience.

If your intern hours were obtained outside California, you must ask the board of pharmacy in the state where your hours were earned to report your intern hours to the board use (form 17A-16).

AND

2. Attestation that you have obtained all pharmacist skills required by the board [EITHER “Affidavit of Intern Experience Obtained in Community and Institutional Settings” (form 17A-7), OR if submitted as part of an earlier application (before June 2003) Pharmacist Intern Experience Affidavits (forms 17-30A and 17-30B).

- B. Out-of-State Licensure –Submit evidence of licensure as a pharmacist for a minimum of one year (form 17A-16). This document must be completed by each appropriate licensing authority.

7. **Fingerprint Submission:** All applicants must undergo a background check by submitting fingerprints for analysis by law enforcement agencies. This may be done in one of two ways. The board encourages applicants in California to use Live Scan, because results usually are obtained far more quickly. However, applicants may instead submit their fingerprints on cards obtained from the board. If you have submitted your fingerprints for analysis for an intern permit, technician permit or previous exam application, you do not need to have your fingerprints re-submitted **UNLESS** you were issued an intern permit between 8/1/03 and 4/1/04, or before 1/1/01. If you were issued an intern permit between 8/1/03 and 4/1/04, or before 1/1/01, you are required to have the federal level clearance completed as it was not requested for intern permits during those times.

- A. If using Live Scan:

Complete a Live Scan request form and take all three copies to a Live Scan site for fingerprint scanning. Please refer to the Instructions for completing a “Request for Live Scan Service” form on the board’s Web site. (Live Scan processing fees are paid directly at the Live Scan site.) The lower portion of the Live Scan request form must be completed by the Live Scan operator, verifying that your prints have been scanned and all applicable fees have been paid. Attach the second copy of the form to your application and submit to the board.

Live Scan sites are located throughout California. For more information about locating a Live Scan site near you, visit the Department of Justice website at <http://ag.ca.gov/fingerprints/publications/contact.pdf>.

- B. If using fingerprint cards:

You must submit rolled fingerprints on cards obtained from the board, together with a fee of \$66 made payable to the Board of Pharmacy (\$32 California Department of Justice (DOJ) fee, \$10 DOJ expedite fee and \$24 FBI processing fee). (Live Scan processing fees are paid directly at the Live Scan site so they do not need to be paid to the board.) You may contact the board to request fingerprint cards at (916) 445-5014. You may also request cards on our website at www.pharmacy.ca.gov.

Fingerprints rolled on cards should be taken by a person professionally trained in the rolling of prints. Fingerprint clearances from cards take longer than the Live Scan process by approximately six weeks. Poor quality prints may result in rejection of the card and will substantially delay licensing since additional fingerprint cards will be required from you for processing.

8. **License Verification as a pharmacist by other states** – You must submit a license verification (form 17A-16) for each state in which you have ever been licensed as a pharmacist. This verification must be prepared by the appropriate state board of pharmacy. If you are using out-of-state licensure as a pharmacist to fulfill the experience requirement (item 6B above), you do not need to submit an additional license verification (form 17A-16) from the state where you are claiming experience.

EXAMINATION REQUIREMENTS

In order to be licensed in California as a pharmacist, you must pass the NAPLEX and the CPJE. Before you can be scheduled for the CPJE and for the NAPLEX (if California will be your primary state), the board must determine that you are eligible to take the licensure examinations. To make this determination, you must provide all eight numbered items listed above.

Once the board receives all seven items, your application will be reviewed. If you meet the requirements, you are determined as “eligible” to take the licensure exams, and the board will notify you of this in a letter. If your application is deficient, the board will send you a deficiency letter about 60 days after your application is received (to allow time for all documents to arrive), advising you of the documents needed to complete your application.

If you are determined to be “eligible,” about two weeks after you receive written notice from the board, you will receive information directly from the Experior Assessments, advising you what you must do to schedule the CPJE.

If you have already applied with NABP to take the NAPLEX with California as your primary state (see the NAPLEX Registration Bulletin), you will receive an “Authorization to Test” from NABP, which provides you with information on scheduling the NAPLEX. If you have not applied to NABP, you should do so at this point (this is described more fully below).

Overview

The NAPLEX examination is developed by the NABP, and administered at Prometric Testing centers throughout the U.S. Please refer to the NAPLEX Registration Bulletin for forms and application requirements for the NAPLEX examination (available at www.nabp.net). The cost of this examination is \$430. You must submit the \$430 fee at the time you submit your Scantron registration form to the NABP. DO NOT send this application or fee to the California Board of Pharmacy.

Note: You may take the NAPLEX only after you apply to one state and become eligible to take the pharmacist licensure examination according to that state’s requirements. The state where you do this is called your primary state.

If California is your primary state, you must submit the eight numbered items listed above. You may apply to take the NAPLEX when you first apply to the California State Board of Pharmacy to become eligible to take the examination or wait until you are actually deemed eligible by California.

If another state is your primary state, your NAPLEX score can be transferred to California if you designate California as a score transfer state before you take the NAPLEX. Contact the NABP for more information about this process.

If you use NABP’s score transfer program to provide a NAPLEX score to California, you will still need to apply to the California State Board of Pharmacy and fulfill all examination requirements before you will be scheduled for the CPJE, and before your score will be accessible to California.

The CPJE examination is administered by Experior Assessments, LLC. There is an administration fee of \$40 that you will pay directly to Experior for test administration services before you will be scheduled for the examination. DO NOT send this fee to the Board of Pharmacy.

Please note:

- Both examinations are administered via a computer.
- Testing centers for both examinations are available nationwide and in most cases are open six days a week, excluding holidays. You schedule the examinations where and when you wish to take them.
- You may take the exams in any order. You will have one year to take both exams from the date the board determines that you are eligible to schedule the examinations with each test provider. After one year, you will need to re-qualify.
- Examination results for both exams will be mailed to you by the board. For the NAPLEX, you should receive your results 14 days after you take the exam, for the CPJE, you should receive your results in about 30 days.
- The two examinations are separate. If you fail one exam and pass the other, you must reapply and take only the examination that you did not pass. If you fail the NAPLEX, you must reapply with the NABP and pay the necessary fees in order to retake the exam. If you fail the CPJE, you must reapply with the board.
- If you fail either examination, you will not be able to retake it for 90 days. The retake process for each exam is described below.

COMPLETE APPLICATIONS

Once the board has received all items listed above, it will make a decision about your eligibility to take the examinations.

1. IF ELIGIBLE:

The board will notify you in writing that your application to take the examination is complete and you are eligible to take both exams. The board will also notify Experior Assessments (who will contact you) and the NABP (after if you have submitted the fees and Scantron to the NABP as described below) that you are deemed eligible by California to take the pharmacist licensure examinations.

IF NOT ELIGIBLE: You will need to complete the deficiencies – see incomplete applications below.

2. MAKE TEST ARRANGEMENTS – specifically:

NAPLEX: Apply directly to the NABP using information available by downloading the NAPLEX/MPJE Bulletin (see the NABP Web site). You must submit a Scantron and \$430 fee to the NABP. You may do this before or after California has determined you are eligible to take the pharmacist examinations. However, the NABP will not contact you until you have submitted the \$430 fee and Scantron to the NABP. Once the board has determined you are eligible and you have paid your fee to the NABP, the NABP will mail you an Authorization to Test form (ATT). At this point, you will be able to schedule the location, date and time for your NAPLEX exam. Requirements and specifications for the NAPLEX are available in the NAPLEX/MPJE Bulletin. Additionally, there is a preNAPLEX test you may take as well.

CPJE: Wait up to 14 days following receipt of the board's notification that you are eligible, for Experior will mail you a Candidate Handbook. The outside cover of the handbook is your "Notice of Eligibility." Use the information in this handbook to contact Experior. After you pay Experior \$40, you will be able to schedule an appointment to take the CPJE. Again, the board encourages you to read this handbook carefully – it contains important information about the examination and procedures at the test site.

You are encouraged to read all information published about the NAPLEX and the CPJE. Failure to comply with the testing procedures may result in your examination not being graded and forfeiting of your application and/or testing fees.

Special Accommodations: The California State Board of Pharmacy recognizes its responsibilities under Title II of the Americans with Disabilities Act to provide reasonable accommodations, including auxiliary aids to qualified examination candidates with disabilities. However, the board will not provide an accommodation which fundamentally alters the measurement of the knowledge or skills the examination is intended to test, compromises examination security, or creates an undue financial and administrative burden.

A candidate who seeks an accommodation has the responsibility to make the request to the board and to provide reasonable documentation of the need for accommodation at least 90 days before he or she can take the written examination. The information supplied to substantiate a candidate's request for an accommodation will be kept confidential to the extent allowed by law. Information on this process is available from the board's Web site.

INCOMPLETE APPLICATIONS

You will be notified of any deficiencies in your application only once. It is your responsibility to correct all deficiencies. You will know that you have been deemed eligible to take the examination when you receive your notice of eligibility letter from the board.

If it has been more than 30 days since you have received a deficiency letter and you have not been notified that you are eligible to take the examinations, please contact the board.



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Your name of record with the board must match identically with both your government-issued photo identification and federal social security card for admission to the CPJE. If they do not, you need to correct your identification so that the names match identically. Original government-issued photo identification and social security cards are required at the CPJE examination site.

NAME OF RECORD

Last Name	First Name	Middle Name	TAPE A PHOTOGRAPH TAKEN WITHIN 60 DAYS OF THE FILING OF THIS APPLICATION	
Former, Alias or "AKA" Names				
*Address of Record Number Street (Including Apt Number if applicable)				
City	State	Zip Code		
Residence Address: (if different from above)				
City	State	Zip Code		
Home Phone Number	Work Phone Number	Email Address		
()	()			
Date of Birth	Driver License Number	State		** Social Security Number
University, College or School(s) of Pharmacy attended				
Name of university, college or school		Country	Date of Graduation	Degree

DO NOT WRITE BELOW

Photo: <input type="checkbox"/>	FP Cards: <input type="checkbox"/>	Exam History			CASHIERING ONLY	
Rules: <input type="checkbox"/>	FP Fees: <input type="checkbox"/>	Date	NAPLEX	CPJE	APPLICATION FEE	
Security: <input type="checkbox"/>	DOJ Clear: <input type="checkbox"/>				Receipt No.	
	FBI Clear: <input type="checkbox"/>				Date Received	
Transcript: <input type="checkbox"/>	FG <input type="checkbox"/>				Amount	
	TSE <input type="checkbox"/>				LICENSE FEE	
Intern Hrs _____	Emp Ver. <input type="checkbox"/>	Requalified <input type="checkbox"/> _____			Receipt No	
C/I: <input type="checkbox"/>		School _____			Date Received	
LICENSURE VERIFY					Amount	
					License No	
					Date Issued	

List all state(s) where you have been or are currently registered as a pharmacist (If more space is needed attached additional sheet)

State	Registration number	Active or inactive	Expiration date

ALL APPLICANTS MUST ANSWER THE FOLLOWING QUESTIONS

1. Have you ever taken the California pharmacist licensure exam before January 1, 2004 (when it was a multiple-choice and short answer/essay exam)? ☐ Yes ☐ No
If "yes," provide all exam date(s). _____
2. Have you taken the CPJE before? ☐ Yes ☐ No
If "yes," provide all dates. _____
3. Have you passed the CPJE? ☐ Yes ☐ No
If "yes," provide the exam date. _____
4. Have you taken the NAPLEX after January 1, 2004? ☐ Yes ☐ No
If "yes," provide all dates. _____
5. Have you passed the NAPLEX after January 1, 2004? ☐ Yes ☐ No
If "yes," provide the exam date. _____
6. Have you ever applied for and not taken the exam? ☐ Yes ☐ No
If "yes," provide exam date(s). _____
7. Are you a registered intern pharmacist in California? ☐ Yes ☐ No
If "yes," provide California intern number. _____
8. Are you a registered pharmacy technician in California? ☐ Yes ☐ No
If "yes," provide pharmacy technician registration number. _____
9. Have you ever been registered as a pharmacist in California? ☐ Yes ☐ No
If "yes," provide California pharmacist license number. _____
10. Have you ever been expelled from a pharmacist licensure exam administered in this state or any other state? ☐ Yes ☐ No
If "yes," provide the date and state. _____
11. Have you previously taken a pharmacist exam which was not graded or had exam results withheld on grounds of dishonest conduct during an examination in this state or any other state? ☐ Yes ☐ No
If "yes," provide the date and state _____
12. Do you have a medical condition which in any way impairs or limits your ability to practice your profession with reasonable skill and safety without exposing others to significant health and safety risks? ☐ Yes ☐ No
If "yes," attach a statement of explanation. If "no," proceed to #14.
13. Are the limitations caused by your medical condition reduced or improved because you receive ongoing treatment or participate in a monitoring program? ☐ Yes ☐ No
If "yes," attach a statement of explanation.

If you do receive ongoing treatment or participate in a monitoring program, the board will make an individualized assessment of the nature, the severity and the duration of the risks associated with an ongoing medical condition to determine whether an unrestricted license should be issued, whether conditions should be imposed, or whether you are not eligible for licensure.

14. Do you currently engage, or have you been engaged in the past two years, in the illegal use of controlled substances? ☐ Yes ☐ No

If "yes," are you currently participating in a supervised rehabilitation program or professional assistance program which monitors you in order to assure that you are not engaging in the illegal use of controlled dangerous substances? **Attach a statement of explanation.**

15. Have you ever been convicted of or pled no contest to a violation of any law of a foreign country, the United States, any state, or local jurisdiction? You must include all misdemeanor and felony convictions, regardless of the age of the conviction, including those which have been set aside under Penal Code section 1203.4. Traffic violations of \$500 or less need not be reported. **If "yes," attach an explanation including the type of violation, the date, circumstances, location and the complete penalty received.** ☐ Yes ☐ No

16. Has disciplinary action ever been taken against your pharmacist license or intern permit in this state or any other state? **If "yes," attach a statement of explanation.** ☐ Yes ☐ No

17. Have you ever had an application for a pharmacist license or an intern permit denied in this state or any other state? **If "yes," attach a statement of explanation.** ☐ Yes ☐ No

18. Have you ever had a pharmacy permit, or any professional or vocational license or registration, denied by a governmental authority in this state or any other state? **If "yes," provide the name of company, type of permit, type of action, year of action and state.** ☐ Yes ☐ No

Name of person or company	Type of permit	Type of action	Year of action	State

You must provide a written explanation for all affirmative answers. Failure to do so will result in this application being deemed withdrawn as incomplete.

19. Please read and sign the following:

APPLICANT AFFIDAVIT	
I, _____, hereby attest to the fact that I am the applicant whose signature appears below. I understand that falsification of the information on this form may constitute grounds for denial or revocation of the license. I hereby certify under penalty of perjury under the laws of the State of California to the truth and accuracy of all statements, answers and representations made in this application, including all supplementary statements. I also certify that I personally completed this application and have read and understand the instructions accompanying this application.	
Signature of Applicant _____	Date _____

All items of information in this application are mandatory. Failure to provide any of the requested information will result in the application being rejected as incomplete. The information will be used to determine qualifications for registration under the California Pharmacy Law. The official responsible for information maintenance is the executive officer, telephone number (916) 445-5014, 400 R Street, Suite 4070, Sacramento, California 95814-6237. The information may be transferred to another governmental agency such as a law enforcement agency if necessary for it to perform its duties. Each individual has the right to review the files or records maintained on him or her by the board, unless the records are identified as confidential information and exempted by Civil Code section 1798.40.

*Once you are licensed with the board, your address of record will be considered public information pursuant to the Information Practices Act (Civil Code section 1798 et seq.) and the Public Records Act (Government Code section 6250 et seq.) and will be placed on the Internet upon licensure. If you do not wish your residence address to be available to the public, you must provide an alternate address, for example a post office box number or a personal mailbox (PMB). However, you must also provide your residence address to the board. The alternate address will be available to the public.

**** Disclosure of your U.S. social security account number is mandatory. Section 30 of the Business and Professions Code, section 17520 of the Family Code, and Public Law 94-455 (42 USC § 405(c)(2)(C)) authorize collection of your social security account number. Your social security account number will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for child or family support in accordance with section 17520 of the Family Law Code, or for verification of license or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your social security account number, your application will not be processed and you may be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.**

MANDATORY REPORTER

Under California law each person licensed by the Board of Pharmacy is a “mandated reporter” for child abuse or neglect purposes. Prior to commencing his or her employment, and as a prerequisite to that employment, all mandated reporters must sign a statement on a form provided to him or her by his or her employer to the effect that he or she has knowledge of the provisions of Section 11166 and will comply with those provisions.

California Penal Code section 11166 requires that all mandated reporters make a report to an agency specified in Penal Code section 11165.9 [generally law enforcement agencies] whenever the mandated reporter, in his or her professional capacity or within the scope of his or her employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter must make a report to the agency immediately or as soon as is practicably possible by telephone, and the mandated reporter must prepare and send a written report thereof within 36 hours of receiving the information concerning the incident.

Failure to comply with the requirements of Section 11166 is a misdemeanor, punishable by up to six months in a county jail, by a fine of one thousand dollars (\$1,000), or by both that imprisonment and fine.

For further details about these requirements, consult Penal Code sections 11164, and subsequent sections.



RULES OF PROFESSIONAL CONDUCT

(Please Sign and Return to the Board)

1714 OPERATIONAL STANDARDS AND SECURITY

- (d) Each pharmacist while on duty shall be responsible for the security of the prescription department, including provisions for effective control against theft or diversion of dangerous drugs and devices, and records for such drugs and devices. Possession of a key to the pharmacy where dangerous drugs and controlled substances are stored shall be restricted to a pharmacist.

1715.6 REPORTING DRUG LOSS

The owner shall report to the Board within thirty (30) days of discovery of any loss of the controlled substances, including their amounts and strengths.

1717. PHARMACEUTICAL PRACTICE

- (a) No medication shall be dispensed on prescription except in a new container which conforms with standards established in the official compendia.
Notwithstanding the above, a pharmacist may dispense and refill a prescription for non-liquid oral products in a clean multiple-drug patient medication package (patient med pak), provided (1) a patient med pak is reused only for the same patient; (2) no more than a one-month supply is dispensed at one time; and (3) each patient med pak bears an auxiliary label which reads, "store in a cool, dry place."
- (b) In addition to the requirements of section 4040, Business and Professions Code, the following information shall be maintained for each prescription on file and shall be readily retrievable:
 - (1) The date dispensed, and the name or initials of the dispensing pharmacist. All prescriptions filled or refilled by an intern pharmacist must also be initialed by the preceptor before they are dispensed.
 - (2) The brand name of the drug or device; or if a generic drug is dispensed, the distributor's name which appears on the commercial package label; and
 - (3) If a prescription for a drug or device is refilled, a record of each refill, quantity dispensed, if different, and the initials or name of the dispensing pharmacist.
 - (4) A new prescription must be created if there is a change in the drug, strength, prescriber or directions for use, unless a complete record of all such changes is otherwise maintained.
- (c) Promptly upon receipt of an orally transmitted prescription, the pharmacist shall reduce it to writing, and initial it, and identify it as an orally transmitted prescription. If the prescription is then dispensed by another pharmacist, the dispensing pharmacist shall also initial the prescription to identify him or herself.
All orally transmitted prescriptions shall be received and transcribed by a pharmacist prior to compounding, filling, dispensing or furnishing.
Chart orders as defined in section 4019 of the Business and Professions Code are not subject to the provisions of the subsection.
- (d) A pharmacist may furnish a drug or device pursuant to a written or oral order from a prescriber licensed in the State other than California in accordance with Business and Professions Code section 4005.
- (e) No licensee shall participate in any arrangement or agreement, whereby prescriptions, or prescription medications, may be left at, picked up from, accepted by, or delivered to any place not licensed as a retail pharmacy.
However, a licensee may pick up prescriptions at the office or home of the prescriber or pick up or deliver prescriptions or prescription medications at the office of or a residence designated by a

patient or at the hospital, institution, medical office or clinic at which the patient is present. The Board may in its sole discretion waive this application of the regulation for good cause shown.

- (f) A pharmacist may transfer a prescription for Schedule III, IV, or V controlled substances to another pharmacy for refill purposes in accordance with Title 21, Code of Federal Regulations, Section 1306.26.

Prescriptions for other dangerous drugs which are not controlled substances may also be transferred by direct communication between pharmacists or by the receiving pharmacist's access to prescriptions or electronic files that have been created or verified by a pharmacist at the transferring pharmacy. The receiving pharmacist shall create a written prescription, identifying it as a transferred prescription; and record the date of transfer and the original prescription number. When a prescription transfer is accomplished via direct access by the receiving pharmacist, the receiving pharmacist shall notify the transferring pharmacy of the transfer. A pharmacist at the transferring pharmacy shall then assure that there is a record of the prescription as having been transferred, and the date of transfer. Each pharmacy shall maintain inventory accountability and pharmacist accountability and dispense in accordance with the provisions of Section 1716.

Information maintained by each pharmacy shall at least include:

- (1) Identification of pharmacist(s) transferring information;
 - (2) Name and identification code or address of the pharmacy from which the prescription was received or to which the prescription was transferred, as appropriate;
 - (3) Original date and last dispensing date;
 - (4) Number of refills and date originally authorized;
 - (5) Number of refills remaining but not dispensed;
 - (6) Number of refills transferred.
- (g) The pharmacy must have written procedures that identify each individual pharmacist responsible for the filling of a prescription and a corresponding entry of information into an automated data processing system, or a manual record system, and the pharmacist shall create in his/her handwriting or through hand-initialing a record of such filling, not later than the beginning of the pharmacy's next operating day. Such record shall be maintained for at least three years.

1761. ERRONEOUS OR UNCERTAIN PRESCRIPTIONS

- (a) No pharmacist shall compound or dispense any prescription which contains any significant error, omission, irregularity, uncertainty, ambiguity, or alteration. Upon receipt of any such prescription, the pharmacist shall contact the prescriber to obtain the information needed to validate the prescription.
- (b) Even after conferring with the prescriber, a pharmacist shall not compound or dispense a controlled substance prescription where the pharmacist knows or has objective reason to know that said prescription was not issued for a legitimate medical purpose.

1764. UNAUTHORIZED DISCLOSURE OF PRESCRIPTIONS

No pharmacist shall exhibit, discuss, or reveal the contents of any prescription, therapeutic effect thereof, the nature, extent, or degree of illness suffered by any patient or medical information furnished by the prescriber with any person other than the patient or his or her authorized representative, the prescriber or other licensed practitioner then caring for the patient, another licensed pharmacist serving the patient, or a person duly authorized by law to receive such information.

1765. COMMISSIONS, GRATUITIES, REBATES

An unlawful commission, gratuity or rebate prescribed by this article and Business and Professions Code Section 650 includes the rendering by a pharmacist or pharmacy of consultant pharmaceutical services such as those required pursuant to Title 22, Division 5, Chapters 3 and 4 (skilled nursing facilities and intermediate care facilities) to a licensed health care facility for no cost, nominal cost, or below reasonable cost, if that pharmacist or pharmacy obtains patients, clients or customers and/or their prescription order from that licensed facility or entity.

The determination of the value of consultant pharmaceutical services rendered shall include, but not be limited to, the value of all goods and services furnished by the pharmacist or pharmacy to a licensed health care facility.

1793.1 DUTIES OF A REGISTERED PHARMACIST

Only a registered pharmacist, or an intern pharmacist acting under the supervision of a registered pharmacist, may:

- (a) Receive a new prescription order orally from a prescriber or other person authorized by law.
- (b) Consult with a patient or his or her agent regarding a prescription, either prior to or after dispensing, or regarding any medical information contained in a patient medication record system or patient chart.
- (c) Identify, evaluate and interpret a prescription.
- (d) Interpret the clinical data in a patient medication record system or patient chart.
- (e) Consult with any prescriber, nurse or other health care professional or authorized agent thereof.
- (f) Supervise the packaging of drugs and check the packaging procedure and product upon completion.
- (g) Be responsible for all activities of pharmacy technicians to ensure that all such activities are performed completely, safely and without risk of harm to patients.
- (h) Perform any other duty which federal or state law or regulation authorizes only a registered pharmacist to perform.
- (i) Perform all functions which require professional judgement.

I hereby agree to abide by the Rules of Professional Conduct as they may, from time to time, be revised by the California State Board of Pharmacy.

Print Name of Applicant _____

Signature of Applicant _____ **Date** _____

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EXAMINATION SECURITY ACKNOWLEDGEMENT

The California State Board of Pharmacy is committed to maintaining the security and the confidentiality of all examination materials during every phase of development and administration. The board strictly enforces examination security and will prosecute any individual who has been determined to be in violation of statutes pertaining to examination security.

There are a number of laws and regulations that provide for the security of the state's occupational exams and exam processes, such as the board's licensure exams. These include Business and Professions Code sections 123, 496 and 584, as well as Civil Code section 980 and California Code of Regulation section 1723.1.

For example, it is a misdemeanor for anyone to compromise or attempt to compromise a licensing examination. Persons convicted of this crime are personally liable for up to \$10,000 in damages and the costs of litigation, in addition to other penalties. The board may also deny or revoke a license on grounds that the applicant has compromised or attempted to compromise a licensing examination.

Examples of compromising a licensing examination include removing examination materials from a test site without authorization; aiding by any means the reproduction of any portion of the actual examination; paying or using professional or paid examination takers to reconstruct any portion of the examination; and selling, distributing, buying, receiving or having unauthorized possession of any portion of a future, current or previously administered licensing examination. For example, an individual who memorizes a test item with or without intent to provide this information to the provider of a review course is compromising the exam.

California law provides that no person shall violate the security of a licensing examination. Examples include impersonating someone, attempting to impersonate someone, or soliciting the impersonation of someone. Using notes and looking at another candidate's examination materials are two examples of dishonest conduct. Any form of dishonest conduct or cheating, including using prohibited aids, giving or receiving assistance, or communicating with others, may result in the voiding of your examination results and/or dismissal from the examination site.

Failure to follow the instructions of the testing center administrators, whether or not dishonest conduct or cheating is involved, may also result in the disqualification of your examination results and/or dismissal from the examination site.

The test site administrators reserve the right to videotape any examination session.

By signing this acknowledgement, you are affirming that you fully understand the foregoing. A violation of these laws may result in your disqualification as a candidate and could result in an administrative action and/or denial of a pharmacist or intern pharmacist license by the board, plus other penalties.

I hereby acknowledge that I have read the above statement.

Name of Candidate Printed

Signature of Candidate

Date



California State Board of Pharmacy

400 R Street, Suite 4070, Sacramento, CA 95814

Phone (916) 445-5014

Fax (916) 327-6308

www.pharmacy.ca.gov

STATE AND CONSUMER SERVICES AGENCY

DEPARTMENT OF CONSUMER AFFAIRS

ARNOLD SCHWARZENEGGER, GOVERNOR

**AFFIDAVIT OF INTERN EXPERIENCE
OBTAINED IN COMMUNITY AND INSTITUTIONAL PHARMACY SETTINGS**

I certify under penalty of perjury under the laws of the state of California that I have complied with California Code of Regulations section 1728 subdivision (b), with respect to my intern experience. Specifically I have completed experience in both community and institutional pharmacy settings that includes each of the following:

- (1) Receiving and interpreting the prescription;
- (2) Patient medication profiles;
- (3) Prescription preparation;
- (4) Consultation;
- (5) Record keeping;
- (6) Over-the-count products; and
- (7) Drug Information.

Name of Applicant Printed

Signature of Applicant

Date



LICENSE VERIFICATION

INSTRUCTIONS: This form is to be completed by the licensing authority in each state where you are licensed. The form must be completed even if the license is no longer current or active. Please return the state verified form with your application.

TO BE COMPLETED BY APPLICANT

(Please print or type)

Name of Applicant		Telephone Number		
		()		
Address	Street and Number	City	State	Zip Code
Title of License		License Number	Issue Date	Expiration Date

TO BE COMPLETED BY STATE BOARD OFFICE VERIFYING LICENSURE

The person listed above has applied for a pharmacist license in California. Before further consideration is given to this application, we would appreciate your assistance in completing the information requested below. Upon completion of this form, please return it to the applicant for submission with the application.

LICENSURE VERIFICATION PROVIDED BY THE STATE OF _____

Name		License Number	
Type of License Issued:	Intern Hours on File	Date License issued	Expiration Date of License
License Status:			
Active <input type="checkbox"/> Inactive <input type="checkbox"/> Other <input type="checkbox"/> If other, please explain: _____			

Has the licensee been found guilty of any violation for which disciplinary action was taken? Yes ☐ No ☐

If disciplinary action has been taken against this licensee, please provide this office with all available documentation regarding the action.

Board Seal

Signature

Title

Date

**INSTRUCTIONS FOR COMPLETING A
"REQUEST FOR LIVE SCAN SERVICE" FORM
(California Residents)**

The following instructions are provided to assist you in completing this form accurately. Please follow all instructions carefully and print clearly; failure to do so may result in processing delays of your application.

1. **Job Title or Type of License, Certification, or Permit:** Enter the type of license, certification or permit for which you are applying. Appropriate license types include pharmacist, pharmacy technician, intern pharmacist, exemptee, or if an owner or officer of a pharmacy, hospital, clinic, wholesaler or hypodermic permit enter appropriate title of the facility.
2. **Name of Applicant:** Enter your last name, first name and middle name. Do not use initials or name abbreviations.
3. **AKA:** Enter all other names you have used, including your maiden name.
4. **CDL No:** Your California Driver's License Number.
5. **DOB:** Your date of birth (month/day/year).
6. **SEX:** Your gender (male or female).
7. **HT:** Your height in feet and inches.
8. **WT:** Your weight in pounds.
9. **Misc. No.:** Enter other identifying numbers. (e.g., Other State Driver's License Number)
10. **EYE Color:** Color of your eyes
11. **HAIR Color:** Color of your hair
12. **Home Address:** Your residence address
13. **POB:** Enter your place of birth.
14. **SOC:** Enter your Social Security Number

Take the completed form to your nearest Live Scan site for fingerprint scanning. There are more than 130 Live Scan sites throughout the state. An up-to-date Live Scan site list is on the Department of Justice's (DOJ) Internet web page at <http://caag.state.ca.us/app/contact.pdf> or call your local police or sheriff's department.

Contact the live scan service for hours of operation, an appointment (if necessary), acceptable forms of payment and identification requirements. Be prepared to pay **ALL applicable fees** (the DOJ processing fee of \$32, the FBI processing fee of \$24 and fingerprint scanning service fee) at the time your prints are taken. The live scan fingerprinting service fee varies from about \$5 to \$20. The cost to electronically submit your fingerprints is determined by the local Live Scan agency and the agency can charge a fee sufficient to recover its costs.

The lower portion of the Request for Live Scan Service form must be completed by the live scan operator. The original of the form is retained by the scanning service; the second copy is to be attached to your application and submitted to the board; and the third copy is for your records.

FINGERPRINTING AUTHORITY

Section 144(b) of the Business and Professions Code authorizes the Board of Pharmacy to require an applicant for licensure to furnish a full set of fingerprints for purposes of conducting criminal history record checks. Fingerprints are required in order for the DOJ/FBI to conduct background checks for criminal convictions.

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: _____ Type of Application: (check one) ☐ Employment ☐ License, Certification, Permit ☐ Volunteer
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

_____		_____
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)
_____		_____
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)
_____		()
City	State	Zip Code
		Contact Telephone No.

Name of Applicant: _____
(Please print) Last First Middle

AKA's: _____ CDL No. _____
Last First

DOB: _____ SEX: ☐ Male ☐ Female Misc. No. **BIL** - _____
Agency Billing Number (if applicable)

HT: _____ WT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: _____

POB: _____ Street or PO Box _____

SOC: _____ City, State and Zip Code _____

Your Number: _____
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Level of Service DOJ ☐ FBI ☐

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

Employer Name

Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)

()

City State Zip Code Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date _____
Name of Operator

Transmitting Agency ATI No. Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: _____ Type of Application: (check one) ☐ Employment ☐ License, Certification, Permit ☐ Volunteer
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

_____		_____
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)
_____		_____
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)
_____		()
City	State	Zip Code
		Contact Telephone No.

Name of Applicant: _____
(Please print) Last First Middle

AKA's: _____
Last First

DOB: _____ **SEX:** ☐ Male ☐ Female

HT: _____ **WT:** _____

EYE Color: _____ **HAIR Color:** _____

POB: _____

SOC: _____

CDL No. _____

Misc. No. BIL - _____
Agency Billing Number (if applicable)

Misc. No. _____

Home Address:

Street or PO Box

City, State and Zip Code

Your Number: _____
OCA No. (Agency Identifying No.)

Level of Service DOJ ☐ FBI ☐

If resubmission, list Original ATI No. _____

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

Employer Name

_____		_____
Street No.	Street or PO Box	Mail Code (five digit code assigned by DOJ)
_____		()
City	State	Zip Code
		Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ **Date** _____
Name of Operator

_____	_____	_____
Transmitting Agency	ATI No.	Amount Collected/Billed

REQUEST FOR LIVE SCAN SERVICE

Applicant Submission

ORI: _____ Type of Application: (check one) ☐ Employment ☐ License, Certification, Permit ☐ Volunteer
Code assigned by DOJ
Job Title or Type of License, Certification or Permit: _____

Agency Address Set Contributing Agency:

_____		_____
Agency authorized to receive criminal history information		Mail Code (five-digit code assigned by DOJ)
_____	_____	_____
Street No.	Street or PO Box	Contact Name (Mandatory for all school submissions)
_____		()
City	State	Zip Code
_____		Contact Telephone No.

Name of Applicant: _____
(Please print) Last First Middle

AKA's: _____ CDL No. _____
Last First

DOB: _____ SEX: ☐ Male ☐ Female Misc. No. **BIL** - _____
Agency Billing Number (if applicable)

HT: _____ WT: _____ Misc. No. _____

EYE Color: _____ HAIR Color: _____ Home Address: _____

POB: _____ Street or PO Box

SOC: _____ City, State and Zip Code

Your Number: _____
OCA No. (Agency Identifying No.)

If resubmission, list Original ATI No. _____

Level of Service DOJ ☐ FBI ☐

Employer: (Additional response for Department of Social Services, DMV/CHP licensing, and Department of Corporations submissions only)

Employer Name

Street No. Street or PO Box Mail Code (five digit code assigned by DOJ)

()

City State Zip Code Agency Telephone No. (Optional)

Live Scan Transaction Completed By: _____ Date _____
Name of Operator

Transmitting Agency ATI No. Amount Collected/Billed